PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. UNITED STATES HOUSE OF REPRESENTATIVES IPO – Did you purchese any shares that were ellocated as a part of en Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidence. in the current calendar year up through the date of fling? D. Did you, your spouse, or your dependent child have any reporteble liabllity (more then \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or exchange eny securities or reportable real estate in e transaction Name: 2018 FINANCIAL DISCLOSURE STATEMENT **TRUSTS** – Details regerding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Heve you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? E. Did you hold any reportable positions during the reporting period or reporting period? C. Did you or your spouse heve "eerned" income (e.g., selaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? Did you, your spouse, or your dependent child: REPORT TYPE b. Receive more than \$200 in uneamed income from any reportable STATUS a. Own any reportable asset that was worth more than \$1,000 et the FILER end of the reporting period? or asset during the reporting period? homas House of Representatives 2018 Annual (Due: May 15, 2019) Member of the U.S. Som or State: District: , Yes Yes ۆ<u>د</u> % Ύes \leq Daytime Telephone: N_O Z o Amendment Š ö Z_O For Use by Members, Officers, and Employees × $\overline{\times}$ F. Did you have any reportable agreement or arrengement with an outside entity during the reporting period or in the current calendar year up through the date of filing? lieu of paying you for a speech, appearance, or article during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more then \$390 in value from e single source during the reporting period? Did any individual or organization make a donation to charity in reportable travel or reimbursements for travel totaling more then \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Form A **E**mployee Officer or **Employing Office** Date of Termination: Termination A \$200 penalty shall be assessed against any individual who filss more than 30 days late 2010 MAY 15 AM 9: 05 (Office Use Only) LEGISLATIVE RESOURCE CERTER DELIVERED age 1 of 9 Shared Staff Filer Type: (If Applicable) Ye\$ Ύes Yes ĕs ¥ø\$ Ύes Yes Principal Assistant 증 8 S 0 Š ö Z Š X X \boxtimes \boxtimes

	ST CILBUL IRA	Delene	IT Rental Frogerty in	ABC Hedge Fund X	Examples:	SP Mega Corp. Stock EIF	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more then \$1,000 in interest-bearing accounts. For rental and other real property hald for invastment, provide e complete address or description, e.g., "rental property," and e city end state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the neture of its activities, end its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); end any financial income during the reporting period); end any financial income during the reporting the Thrift Savings Plan. If you report a privetaly-traded fund thet is en Excepted investment Fund, please check the "EIF" box. If you so choose, you may Indicate thet an asset or home source is that of your spousa (\$P) or dependent chaid (DC), or jointly hald with anyone (17), in the optional column on tha far left. For e datailed discussion of Schedule A requirements, please refer to the instruction booklet.	d as ds as
	X		×	×	Indefinite .	×	None > \$1.\$1,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$250,000 □ \$250,001-\$500,000 □ \$1,000,001-\$5,000,000 □ \$1,000,001-\$5,000,000 □ \$25,000,001-\$50,000,000 □ \$25,000,000 □ \$25,000,000 □ \$25,000,000 □ \$25,000,000 □ \$25,000,000 □ \$25,000,000 □	BLOCK B Value of Asset Value of the reporting period. If you us of esset et close of the reporting period. If you us od other than fair market value, please specify the melt as sold during the reporting period and is included or erated income, the value should be "None." terest.
	×		*	Partnership income	Royalies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Ferm Income)	BLOCK C Type of Income Check all columns that epply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if relinvested, must be disclosed as income for as ests held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
	×		*	×	×	×	None — \$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500 ≥ \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≤ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000* ×	BLOCK D Amount of Income For assets for which you checked "Tax-Deferred" in Block C. Tax-Deferred in Block C. Tax-Deferred in Block C. Tax-Deferred in Block C. Tax-Deferred in Block C. Tax Check the "None" column. For all other assets indicate category of income by checking tha appropriate box belief birdends, interest, and cepital gains, even if reinvest must be disclosed as income for assets held in taxa eccounts. Check "None" if no income was earned or general "Column XII is for assets held by your spouse or dependent on which you have no interest.
						S(part)	Leave this column blenk if there ere no transactions thei exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an esset was sold, please indicate as follows: (S (part)).

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
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SCHEDULE B – TRANSACTIONS

Name: Thomas Earl Eunar Page 4 of 9

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															Sp	SP, DC, Л	capital G check the disclose the	Exclude tra purchasa or only a porti transaction.	dependen resulted in	Report an
															Example		Capital Gains: It a sales transaction resulted in a capital gain in excess or \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	Exclude transactions between you, your spouse, or dependent children, or the purchasa or sala of your personal residence, unless it generated rental income. If only a portion of an asset is said, please choose "partial sale" as the type of transaction.	period of all tchild for in n a capital	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property hald by your spouse or your
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SCHEDULE C - EARNED INCOME

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Fanny Page 5 of 9	
Page 5 of 4	Frank 3
	Page S of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE : Military pay (such as Netional Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
200 OF TI 000 III 000 III 000 III

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compenseted et or ebove the "senior staff" rete was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving e fiduciary relationship) are totally prohibited.	sted et or ebove the "senior staff" rete was arv relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honorana)	Туре	Amount
Keene State	Approved Teaching Fea	\$6,000 \$18,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Jacquie Emmer Goldmine Antiques Fatate Sales	Spouse Salary	#1500

SCHEDULE D - LIABILITIES

Name: Thomas
Lomes Earl Emmer
Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobilas, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Raport a revolving charge account (i.a., credit card) only if the balanca at the close of the reporting pariod exceeded \$10,000. *Column K is for liabilities hald solely by your spouse or dependent child.

				sp, DC, JT		
	Bank	Klein	Example	,	. ==	
	Bonk of Mople Hain, MAN	Klein Bank, Victoria MN	First Bank of Wilmington, DE	Creditor		
	6/13	5/07	5/16	Date Liability Incurred MO/YR		
	Note	Mortgage on Primary Residence	Mortgage on Rental Property, Dover, OE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001 - \$50,000	B	
				\$50,001- \$100,000	c	
	×	×	×	\$100,001- \$250,000	D	 ▶
				\$250,001- \$500,000	m	Amount of Liability
	:			\$500,001- \$1,000,000	71	of Li
				\$1,000,001- \$5,000,000	6	bility
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	-	
1				Over \$1,000,000* (Spousa/DC Liability)	~	

SCHEDULE E - POSITIONS

Raport all positions, compensated or uncompensated, held during the current or prior calandar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business antarprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude**: Positions held in any raligious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Andrew Co. C.	
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SCHEDULE F - AGREEMENTS

ment or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: Hours Fort I make Jr. Page 7 of 9	Page 7 of 9	<u> </u>
ment or arrangement that you have with respect to: future employment; a leave of absence during the penod of government service;			
employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	ment or arrangement that you have with respect to: future employment; a leave of absence during the period of g amployer other than the U.S. government, or continuing participation in an employee welfare or benefit plan main	government service;	

continuation or deferrel of payments by a former or current e Identify the date, parties to, and general terms of any agreer

Date	Parties to Agreement	Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, end the value of all gifts tofeling more than \$390 received by you, your spouse, or your dependent child from eny source during the yeer. Exclude: Gifts from relatives, gifts of personel hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except es specifically provided in the rule end some gifts require prior approval of the Committee on Ethics.

			Example:	
		55.55	Mr. Joseph Smith, Arlington, VA	Source
			Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	Description
			\$400	Value

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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Page & of 9

were paid by you and reimbursed by the sponsor. Identify the source end list travel itinerary, dates, and nature of expenses provided for travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a femily member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or

the filer. **EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

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	Government of China (MECIEA)	Aug. 6-11	DC-Bejing, China-DC	Υ	٧	Z
Examples:	Habitat for Humanity (charity functraiser)	Mar. 3-4	DC-Boston-DC	۲	۲	Υ
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	55 55 55 55 55 55 55 55 55 55 55 55 55				*	

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Page Q of Q

List the source, activity (<i>i.</i> e., speech, appearance, or article), date, end emount of any payment made by the sponsor of an event to e confidential list of chanties receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to e cheritable organization	e cheritable organization in lieu of paying an honoranum to you. A separate	inum to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb, 2, 2018	\$2,000
	2100	Aug. 10, 2010	\$ 200
			19